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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/117,972 08/11/1998 PAT 6,323,232
 which is a 371 of PCT/IB96/01462 12/23/1996
 and claims benefit of 60/012,412 02/28/1996

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 01/26/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 90	INDEPENDENT CLAIMS 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

COMBINATION THERAPY FOR OSTEOPOROSIS

FILING FEE RECEIVED 3550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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